

# ARIZONA'S HEALTH INSURANCE FOR YOUR CHILDREN

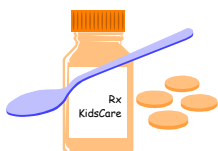
Attachment E

KidsCare is Arizona's quality health care coverage for uninsured children **under 19**.

## Services Provided by KidsCare



Hospital Services



Prescriptions



Doctor Visits



Dental



Vision

KidsCare  
Keeps Me  
Healthy!!!!



Healthy Kid

KidsCare may have no cost or a low monthly premium payment of only  
**\$10 to \$20** a month, per family.

To see if your children may qualify, please answer the questions below:

- Yes ☐ No ☐ **1. Do any children in your household need health insurance?**  
Check *No* if all your children already have health coverage. (Private health insurance, AHCCCS, KidsCare or other)
- Yes ☐ No ☐ **2. Are any of the children who need health insurance U. S. citizens or legal immigrants?**  
(KidsCare does not report any information to INS. Receiving KidsCare does not affect immigration status of the children or the parents.)
- Yes ☐ No ☐ **3. Is your total family income before taxes under the KidsCare income limits in the box below?**  
(Income = Wages, self-employment, child support, Social Security and any money received by parents and children.)

### KidsCare Income Limits

Effective 4/1/02

Family Size	Count each child, their parent(s) and/or step-parent(s) living in the home, if pregnant count each unborn child.						Each added person
	1	2	3	4	5	6	
Monthly Income	\$1,477	\$1,990	\$2,504	\$3,017	\$3,530	\$4,044	+ \$513
Hourly Rate at 40 hours per week	\$8.58	\$11.56	\$14.55	\$17.54	\$20.52	\$23.51	

Total hourly income of all working household members.

- Yes ☐ No ☐ **4. If you answered YES to questions 1 – 3, your children may be eligible for KidsCare. There is no interview required. To request an application, so that you can apply for health insurance for your children do the following:**
- Check the Yes box
  - Complete the bottom section
  - Return this form to the cafeteria manager or school nurse. (They will forward it to KidsCare.)

**PLEASE PRINT NEATLY AND COMPLETE ONLY ONE FORM PER FAMILY.**

Parent's/Guardian's Name #1		Parent's/Guradian's Name #2	
Address		City	Zip
Home Phone #		Work Phone #	
Child's Name #1	Birthdate	Child's Name#3	Birthdate
Child's Name#2	Birthdate	Child's Name#4	Birthdate

**Thank you for completing this form, please return to the cafeteria manager or school nurse.**

For More Information call toll-free  
(877) 764-5437 Statewide  
(602) 417-5437 Phoenix  
[www.kidscare.state.az.us](http://www.kidscare.state.az.us)



Cafeteria manager or school nurse  
Please mail to: KidsCare, MD 500  
920 E. Madison  
Phoenix, AZ 85034

**001831**  
«Agency»